

**EASTOVER PEDIATRIC DENTISTRY**

2711 Randolph Road, Suite 201 • Charlotte, NC 28207 • 704/372-0432

Please complete the following medical update questionnaire in order for our office to provide your child with the best care possible. Please note that all medical changes are important to us. Many medical issues have dental implications that may affect treatment. Thank you for your cooperation.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

1. Have there been any changes in your child's health since the last visit? Y or N  
Describe: \_\_\_\_\_
2. Has your child seen his/her physician since the last visit? Y or N  
If so, why? \_\_\_\_\_
3. Has your child been hospitalized since the last visit? Y or N  
Describe: \_\_\_\_\_
4. Is your child taking medication at this time? Y or N  
List name of medication (s) and reason for taking? \_\_\_\_\_  
\_\_\_\_\_
5. Does your child have any new allergies or reactions to any drugs? Y or N  
Describe: \_\_\_\_\_
6. Is there a latex allergy? Y or N  
Describe reaction: \_\_\_\_\_
7. Has your child been diagnosed with any of the following: (please circle) Y or N  
Heart Murmur, Mitral Valve Prolapse, or Rheumatic Fever?
8. Has your child had any of the following procedures: (please circle) Y or N  
Shunt, Medication Port, or Joint Replacement?
9. Is antibiotic pre-medication needed for this visit? Y or N  
If so, what time was it taken? \_\_\_\_\_
10. Have dental x-rays been taken elsewhere since the last visit Y or N  
Name of dentist or orthodontist? \_\_\_\_\_
11. Are there any dental problems or injuries we should be aware of? Y or N  
Describe: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

I have reviewed the medical history and have noted any changes \_\_\_\_\_